



Applicant Name:

Application ID:

Credential Type:

## HEALTH CERTIFICATE FOR PRIVATE ACADEMIC CREDENTIALS\*

**The Health Certificate section must be completed by a United States licensed physician, physician's assistant or nurse practitioner.**

I certify that I am a: (circle one)

- Physician (DO, DR, MD or OS);
- Osteopathic or Medical Training Resident (OT or MT);
- Physician's Assistant (PA or PAC); or
- Certified Registered Nurse Practitioner (CRNP or SP)

licensed/certified as such in a state of the United States or its capital; that I have examined the applicant and find that the applicant is not disqualified by reason of a mental or physical disability or a communicable disease from the successful performance of the essential functions of a teacher with or without a reasonable accommodation.

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
State in which licensed

\_\_\_\_\_  
State License No.

\_\_\_\_\_  
Daytime Phone Number

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\*Effective July 8, 2013, Act 59 of 2013 eliminated the requirement for the Health certificate for public PreK-12 credentials. **Those requesting a Private Academic credential must still submit the completed form.** If you are not applying for a Private Academic certificate and have an active application in the Teacher Information Management System (TIMS) submitted before July 12, 2013, save and upload this blank form. This action will satisfy the requirements of the TIMS system and allow the application to proceed through the system if all other required documentation requirements have been met.